

**STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY
BUREAU OF PRETREATMENT AND RESIDUALS
PO BOX 029
TRENTON, NEW JERSEY 08625-0029**

SIU DETERMINATION REQUEST

Use of this form (and supplements, if available) is optional for requesting a determination if your facility is a Significant Indirect User. Please attach a flow diagram indicating processes and wastewater flows in your facility. If additional information is necessary to make a determination, the Department will request it.

I. GENERAL INFORMATION

A. Facility Name: _____

B. Facility Mailing Address:

C. Facility Street Address:

D. Facility Contact: _____
Title or Position: _____
Telephone No.: _____

II. PRODUCT OR SERVICE INFORMATION

Narrative description of the primary manufacturing or service activity at the facility (Include SIC code(s)):

Year current operations began (estimate if not known): _____

III. WASTEWATER DISCHARGE INFORMATION

A. Is the facility connected / discharging to a public sewage treatment system / Publicly Owned Treatment Works (POTW), or is such a connection / discharge proposed?

Yes ____ No ____ Proposed ____ (If no, skip to Section IV., following)

POTW Name*: _____

B. List wastewater discharges

Indicate gallons per day** for each discharge method:

Wastewater Type:	<u>Sewage System</u>	<u>Storm Sewer</u>	<u>Surface Water</u>	<u>Ground Water</u>	<u>Septic System</u>	<u>Waste Hauler</u>
1. Process wastewater ***: _____	_____	_____	_____	_____	_____	_____
2. Sanitary: _____	_____	_____	_____	_____	_____	_____
3. Contaminated Stormwater: _____	_____	_____	_____	_____	_____	_____
4. Contaminated Ground Water: _____	_____	_____	_____	_____	_____	_____
5. Other (list source): _____	_____	_____	_____	_____	_____	_____

* From sewer bill if any – or attach photocopy

** Estimate if unknown

*** Include all wastewater except cooling and stormwater and sanitary wastewater like that discharged from a residence.

C. Attach any analytical data that you might have on the wastewater discharged or proposed to be discharged to public sewer from the facility.

____ Not available ____ Attached ____ Estimated

D. Does the existing / proposed discharge to a POTW include wastewaters subject to a Federal Categorical Pretreatment Standard (40 CFR Chapter I Subchapter N)?

____ Yes (if available, complete supplemental questionnaire(s)) ____ No ____ To Be Determined

IV. OTHER PERMITS/REGISTRATIONS

1.____ NJPDES: (____ SIU ____ DSW ____ DGW) Permit # NJ00_____

2.____ Air Pollution: Site ID Number _____

3.____ RCRA: (____ Gen ____ Trans ____ TSD) EPA ID #: _____

4.____ Underground Storage Tanks: UST # _____

5.____ Other: _____

V. WASTEWATER TREATMENT INFORMATION

Does your facility store, treat, recycle or reclaim wastewater? Yes__ No. __

If yes, please give a brief description of the system equipment.

VI. SIGNATURE

_____ Name (please print)	_____ Signature
_____ Title	_____ Telephone Number

**ATTACH CATEGORICAL APPLICABILITY REQUEST / SUPPLEMENTS IF APPLICABLE .
PLEASE RETURN THIS FORM, AND ANY ATTACHMENTS, TO:**

Gary Torres, Case Manager
Bureau of Pretreatment and Residuals
Division of Water Quality
PO Box 029
Trenton, NJ 08625-0029

NOTICE: FALSE STATEMENTS, REPRESENTATIONS, OR CERTIFICATIONS IN ANY APPLICATION, RECORD, OR DOCUMENT ARE SUBJECT TO FINES AND PENALTIES PURSUANT TO THE WATER POLLUTION CONTROL ACT (N.J.S.A 58:10A-10F 2 AND 3)
